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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER         | 1:008000005             |  | CITY OR TOW                                | N BECKET        |             |
|------------------------|-------------------------|--|--|-----------------|-------------|
| APPLICATION FOR        | R RENEWAL:              | Annual   | LICI                                       | ENSED FOR 20    | 013         |
|                        |                         | CLASS  |  |                 | YEAR        |
| LICENSEE NAME:         | MDA, INC.               |  |  |                 |             |
| DOING BUSINESS         | A BERKSHIRE BE          | ERRIES   |  |                 |             |
| ADDRESS 00650A         | JACOBS LADDER           | RD   |  |                 |             |
| CITY/TOWN: BEC         | CKET                    | STATE: MA  | ZIP CODE:                                  | 01223           |             |
| MANAGER: GRAH.         | VES, DAVID TY           | PE OF LICENSE: Rest  | aurant                                     | CATEGORY:       | All Alcohol |
| EMAIL ADDRESS:         |                         |  |  |                 |             |
| ]                      | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA  | AIL ADDRESS                                |                 | _           |
| DESCRIPTION OF I       | LICENSED PREMI          | SES:   |  |                 |             |
|                        | ENSION AND THE          | MS AND MAIN AREA<br>FIRST FLOOR STOR<br>BASEMENT                           |  |                 |             |
| I hereby certify and s | wear under penalties    | of perjury that:   |  |                 |             |
| 1. the renew           | ed license will be of   | the same type for the s  | same premises n                            | ow licensed;    |             |
| 2. the license         | ee has complied with    | all laws of the Comm   | onwealth relatin                           | g to taxes; and |             |
| 3. the premis          | ses are now open for    | business (If not explain   | in below)                                  |                 |             |
|                        |                         |  |  |                 |             |
| SIGNED BY              | Individual, Partner     | or Authorized Corpor   | rate Officer                               |                 |             |
|                        |                         |  |  |                 |             |
|                        |                         |  |  |                 |             |
| DATE:                  | TELEPHON                | E NUMBER:  | EMPLO?                                     | YER IDENTIFICAT | TON NUMBER: |
|                        | 122211101               |  | (Note: NOT Individual Social Security Numb |                 |             |
| Acts of 2004, signed   | by the building in      | e in possession (1) the<br>spector and the head<br>fliquor liability insur | of the fire depa                           | artment for the | above       |
| Please Check Below:    |                         |  | LOCAL LICE                                 | NSING AUTH      | ORITY       |
| APPROVED:              |                         |  | By:  |                 |             |
| DISAPPROVED:           |                         |  |  |                 |             |
| (If disapproved expla  | un)                     |  | -  |                 |             |
|                        |                         |  |  |                 |             |
| DATE:                  |                         |  |  |                 |             |
|                        |                         |  |  |                 |             |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER  | R:008000006                             |                       | CI          | TY OR TOWN      | BECKET            |                                       |
|---|---|-----------------------|-------------|-----------------|-------------------|---------------------------------------|
| APPLICATION FO  | R RENEWAL:                              | Annua                 | 1           | LICEN           | NSED FOR 20       | 013                                   |
|   |   | CLAS                  | S           |                 |                   | YEAR                                  |
| LICENSEE NAME:  | MOUNTAIN G                              | ROVE ASSOCIA          | TION, IN    | IC .            |                   |                                       |
| DOING BUSINESS  | A ASSSOCIATION                          | ON MEETINGS A         | AND CLU     | JB HOUSE        |                   |                                       |
| ADDRESS RTE. 8  |   |                       |             |                 |                   |                                       |
| CITY/TOWN: BEC  | CKET                                    | STATE:                | MA          | ZIP CODE:       | 01223             |                                       |
| MANAGER: BRU  | NO, DANIEL T                            | YPE OF LICENS         | E:Club      | C               | CATEGORY:         | All Alcohol                           |
| EMAIL ADDRESS:  |   |                       |             |                 |                   |                                       |
|   | PLEASE ALSO VISIT OUI                   | R WEBSITE AND ENTER Y | YOUR EMAIL  | ADDRESS         |                   |                                       |
| DESCRIPTION OF  |   |                       |             |                 |                   |                                       |
| ONE FLOOR, 2 LA FURNACE.  | RGE ROOMS,KI                            | TCHEN,BATHRO          | OM,CEL      | LAR USED FO     | OR STORAGE        | EAND                                  |
| I hereby certify and  | swear under penalt                      | ies of perjury that   | :           |                 |                   |                                       |
| 1. the renew  | ved license will be                     | of the same type f    | or the san  | ne premises nov | v licensed;       |                                       |
|   | ee has complied w                       |                       |             | _               | to taxes; and     |                                       |
| 3. the premi  | ses are now open                        | for business (If no   | t explain l | below)          |                   |                                       |
|   |   |                       |             |                 |                   |                                       |
| SIGNED BY   | Individual, Part                        | ner or Authorized     | Corporate   | e Officer       |                   |                                       |
|   | , |                       |             |                 |                   |                                       |
|   |   |                       |             |                 |                   |                                       |
| DATE:   | TELEPHO                                 | ONE NUMBER:           |             | EMPLOYE         | R IDENTIFICAT     | ION NUMBER:                           |
|   | 1 222 11                                |                       |             | (Note: NOT Ir   | dividual Social S | ecurity Number)                       |
| We the undersigne<br>Acts of 2004, signe<br>named license and<br>of 2010. | d by the building                       | inspector and the     | e head of   | the fire depar  | tment for the     | above                                 |
| Please Check Below:   |   |                       | Ι           | OCAL LICEN      | SING AUTHO        | ORITY                                 |
| APPROVED:   |   |                       |             |                 |                   | /ILI I                                |
|   |   |                       | I           | Ву:             |                   | <b>7141 1</b>                         |
| DISAPPROVED:  | oin)                                    |                       | F           |                 |                   | , , , , , , , , , , , , , , , , , , , |
| DISAPPROVED: [ (If disapproved explain)                                   | ain)                                    |                       | -           |                 |                   |                                       |
| _   | ain)                                    |                       | -<br>-      |                 |                   |                                       |



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER:  | 008000016  |  | CITY                     | OR TOWN       | BECKET         |                          |
|--|--|--|--------------------------|---------------|----------------|--------------------------|
| APPLICATION FOR  | RENEWAL:   | Annua                                  | l                        | LICEN         | NSED FOR 20    | 013                      |
|  |  | CLASS                                  | S                        |               |                | YEAR                     |
| LICENSEE NAME:<br>DOING BUSINESS A<br>ADDRESS 00650B JA            | BERKSHIRE B  |  |                          |               |                |                          |
| CITY/TOWN: BECH  | KET  | STATE:                                 | MA Z                     | IP CODE:      | 01223          |                          |
| MANAGER: GRAV<br>H.  | ES, DAVID TY   | PE OF LICENS                           | E:Package S              | Store C       | CATEGORY:      | Wine and<br>Malt Regular |
| EMAIL ADDRESS:   |  |  |                          |               |                |                          |
|  | LEASE ALSO VISIT OUR   |  | OUR EMAIL ADI            | DRESS         |                |                          |
| DESCRIPTION OF L SEPARATE ENTRA FT                                 |  | TORAGE ROOM                            |                          | . PREMISES    | S CONSIST C    | DF 437 SQ                |
| 2. the licensed  | d license will be on the has complied with the are now open for the license are now open for the licens | th all laws of the or business (If not | Commonwe<br>explain belo | alth relating |                |                          |
|  | Individual, Partne   | er or Authorized (                     | Corporate O              | fficer        |                |                          |
| DATE:  | TELEPHO  | NE NUMBER:                             |                          |               | ER IDENTIFICAT |                          |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n)   |  | LOO<br>By:               | CAL LICEN     | SING AUTH      | ORITY                    |
| DATE:  |  |  |                          |               |                |                          |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE   | R: 008000018        |                        | CITY OR TOWN   | BECKET       |              |
|---|---------------------|------------------------|--|--------------|--------------|
| APPLICATION FO  | R RENEWAL:          | Annual                 | LICEN  | SED FOR 20   | 013          |
|   |                     | CLASS                  |  |              | YEAR         |
| LICENSEE NAME: DOING BUSINESS                                   | A DREAM AWA         |                        |  |              |              |
| ADDRESS 1342 CO   |                     |                        | ZID CODE   | 01025        |              |
| CITY/TOWN: BE   |                     | STATE: MA              |  | 01025        |              |
| MANAGER: OSN  | MAN, DANIEL TY      | YPE OF LICENSE: R      | estaurant C.   | ATEGORY:     | All Alcohol  |
| EMAIL ADDRESS:  |                     |                        |  |              |              |
|   |                     | WEBSITE AND ENTER YOUR | EMAIL ADDRESS  |              |              |
| DESCRIPTION OF<br>FRAME BUILDING<br>FIRST FLOOR WIT             | G ON COUNTY RE      | O, FOUR ROOMS O        | N SECOND FLOOR,  | FIVE ROOM    | MS, ON       |
| 2. the licens   | see has complied wi |                        | ne same premises now<br>nmonwealth relating to<br>plain below)         |              |              |
| SIGNED BY   | Individual, Partn   | er or Authorized Cor   | porate Officer   |              |              |
| DATE:   | TELEPHO             | NE NUMBER:             |  |              | CION NUMBER: |
| Acts of 2004, signe   | d by the building i | nspector and the he    | the certificate requir<br>ad of the fire depart<br>surance required by | ment for the | above        |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | ain)                |                        | LOCAL LICENS By:   | SING AUTHO   | ORITY        |
| DATE:   |                     |                        |  |              |              |



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | L: 008000019          |                          | CITY OR TOWN BECK                                   | ET                                      |
|--|-----------------------|--------------------------|---|---|
| APPLICATION FOR  | R RENEWAL:            | Annual                   | LICENSED FO   | OR 2013                                 |
|  |                       | CLASS                    |   | YEAR                                    |
|  |                       | IOPPE OF BECKET          | LLC   |   |
| DOING BUSINESS   |                       | НОРРЕ                    |   |   |
| ADDRESS 437 WEI  | LLS RD                |                          |   |   |
| CITY/TOWN: BEC   | CKET                  | STATE: MA                | ZIP CODE: 01223                                     | 3                                       |
| MANAGER: HAM<br>GLEI   | ILING, TY<br>NDA L.   | YPE OF LICENSE:Pa        | ckage Store CATEGO                                  | RY: All Alcohol                         |
| EMAIL ADDRESS:   |                       |                          |   |   |
|  | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR F | EMAIL ADDRESS                                       |   |
| DESCRIPTION OF   | LICENSED PREM         | ISES:                    |   |   |
| BASEMENT OF TH<br>ENTRANCE AND E                                   |                       |                          | FLOOR AND STORE ROO                                 | M)                                      |
| 3. the premis  |                       | or business (If not exp  |   |   |
|  | marvidadi, i di di    | or or rumorized corp     | orace officer                                       |   |
| DATE:  | TELEPHO               | NE NUMBER:               | EMPLOYER IDENTII<br>(Note: <u>NOT</u> Individual So | FICATION NUMBER: ocial Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in)                   |                          | LOCAL LICENSING AU By:                              | UTHORITY                                |
| DATE:  |                       |                          |   |   |



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | 2:008000021          |  | CITY OR TO       | OWN BECKET                                 |                          |
|--|----------------------|--|------------------|--|--------------------------|
| APPLICATION FOR  | R RENEWAL:           | Annual   | L                | ICENSED FOR 2                              | 013                      |
|  |                      | CLASS  |                  |  | YEAR                     |
| LICENSEE NAME:   | KMS INC.             |  |                  |  |                          |
| DOING BUSINESS   | A BECKET CO          | UNTRY STORE  |                  |  |                          |
| ADDRESS 609 MAI  | N ST                 |  |                  |  |                          |
| CITY/TOWN: BEC   | CKET                 | STATE: M   | A ZIP COL        | DE: 01223                                  |                          |
|  | ΓILE,<br>STEN M.     | ΓΥΡΕ OF LICENSE:   | Package Store    | CATEGORY:                                  | Wine and<br>Malt Regular |
| EMAIL ADDRESS:   |                      |  |                  |  |                          |
| ·  | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOU   | R EMAIL ADDRESS  |  | _                        |
| DESCRIPTION OF   | LICENSED PRE         | MISES:   |                  |  |                          |
|  | TILITY ROOM. I       | T ROOM IS STORE<br>ENTRANCE IN FRO   |                  |  |                          |
| 2. the license   | ee has complied v    | of the same type for<br>with all laws of the Co<br>for business (If not ex | ommonwealth rela |  |                          |
| SIGNED BY  | Individual, Par      | tner or Authorized Co  | orporate Officer |  |                          |
| DATE:  | TELEPH               | ONE NUMBER:  |                  | LOYER IDENTIFICA<br>OT Individual Social S |                          |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in)                  |  | LOCAL LI<br>By:  | CENSING AUTH                               | ORITY                    |
| DATE:  |                      |  |                  |  |                          |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0   | 08000022             |                          | CITY OR TO       | WN DECKET                  |                |
|---|----------------------|--------------------------|------------------|----------------------------|----------------|
| APPLICATION FOR R   | ENEWAL:              | Annual                   | LIC              | CENSED FOR 2               | 013            |
|   |                      | CLASS                    |                  |                            | YEAR           |
| LICENSEE NAME: L  | oretta M. Murray     | 1                        |                  |                            |                |
| DOING BUSINESS A  | Uncle Larry's Ta     | vern                     |                  |                            |                |
| ADDRESS 71 Chester 1  | rd                   |                          |                  |                            |                |
| CITY/TOWN: BECKI  | ET                   | STATE: MA                | ZIP CODI         | E: 01223                   |                |
| MANAGER: Murray,  | Loretta M. TY        | PE OF LICENSE: Re        | estaurant        | CATEGORY:                  | All Alcohol    |
| EMAIL ADDRESS:  |                      |                          |                  |                            |                |
| PLE   | ASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR I | EMAIL ADDRESS    |                            | _              |
| DESCRIPTION OF LIC  | CENSED PREMI         | SES:                     |                  |                            |                |
| one story bldg with part<br>entrance/exit and 3 rear<br>deck                |                      |                          |                  |                            |                |
| I hereby certify and swe  | ear under penaltie   | s of perjury that:       |                  |                            |                |
| 1. the renewed  | license will be of   | the same type for the    | e same premises  | now licensed;              |                |
| 2. the licensee   | has complied with    | h all laws of the Com    | monwealth relat  | ing to taxes; and          |                |
| 3. the premises   | are now open for     | r business (If not exp   | lain below)      |                            |                |
|   |                      |                          |                  |                            |                |
| SIGNED BY   | ndividual Dantna     | n on Authorized Com      | omoto Officer    |                            |                |
| 1   | narviduai, Farme     | r or Authorized Corp     | orate Officer    |                            |                |
|   |                      |                          |                  |                            |                |
| DATE:   | TELEDITO.            | TE NATIONED              | EMDI             | OYER IDENTIFICAT           | FION MI IMPED. |
| <b>5.112.</b>   | TELEPHON             | NE NUMBER:               |                  | $f{T}$ Individual Social S |                |
| We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. | y the building in    | spector and the hea      | d of the fire de | partment for the           | above          |
| Please Check Below:   |                      |                          | LOCAL LIC        | ENSING AUTH                | ORITY          |
| APPROVED:   |                      |                          | By:              |                            |                |
| DISAPPROVED:  |                      |                          |                  |                            |                |
| (If disapproved explain)  | )                    |                          |                  |                            |                |
|   |                      |                          |                  |                            | <del></del>    |
| DATE:   |                      |                          |                  |                            |                |
| DAIE.   |                      |                          | -                |                            |                |



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 008000024  | CITY OR TOWN BECKET   |
|--|---|
| APPLICATION FOR RENEWAL: Annu  | ual LICENSED FOR 2013   |
| CLA  | SS YEAR   |
| LICENSEE NAME: BECKET GENERAL STORE, I   | NC.   |
| DOING BUSINESS A   |   |
| ADDRESS 30 WASHONGTON STREET   |   |
| CITY/TOWN: BECKET STATE:   | MA ZIP CODE: 01223  |
| MANAGER: ANELLO, TYPE OF LICEN HEATHER   | NSE:Package Store CATEGORY: All Alcohol                                       |
| EMAIL ADDRESS:   |   |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTE   | R YOUR EMAIL ADDRESS  |
| DESCRIPTION OF LICENSED PREMISES:  |   |
| 2 ENT/EXITS PLUS ONE EMERGENCY EXIT DOO<br>NEAR CASH REGISTER SEPARATE AND SAFE FI   |   |
| <ol> <li>the renewed license will be of the same type</li> <li>the licensee has complied with all laws of th</li> <li>the premises are now open for business (If renewed)</li> </ol> | e Commonwealth relating to taxes; and   |
| SIGNED BY Individual, Partner or Authorize   | d Corporate Officer   |
|  |   |
| DATE: TELEPHONE NUMBER:  | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  | LOCAL LICENSING AUTHORITY By:   |
| DATE:  |   |